

Internship Registration Form

Internship module (study area: general professional skills) of the BA Educational Science study program at the Faculty of Educational Science and Psychology (under the terms of the Study & Examination Regulation of 09 May, 2012; Official Register (Amtsblatt) of Freie Universität Berlin 27/2012).

A) TO BE COMPLETED BY THE INSTITUTION/ENTERPRISE

We hereby confirm that we accept Mr/Ms _____ as a student intern from _____ to an anticipated date of _____ in our institution/enterprise. The total duration of the internship will be _____ hours (mandatory duration is 400 hours). The trainee's supervisor will be Mr/Ms _____.

Supervisor's qualifications (academic degree/field of study):

The trainee will work on the following tasks/gain insight into the following areas:

- _____
- _____
- _____
- _____

Name and address of internship:

Name of institution/enterprise:

Department:

Street:

ZIP code, city, country:

E-mail address:

Place, date

Signature of institution/enterprise (please stamp here)

B) TO BE COMPLETED BY THE STUDENT

Matriculation number: _____ E-mail address: _____

Place, date

Student's signature

For the student: Please scan (pdf-file with your forename and surname) and email this document at least 2 weeks before the planned internship to: maksim.huebenthal@fu-berlin.de